A SUMMARY OF THE EXAMINER INTERVIEW

Applicants thank Examiner Sims for being available for, and participating in, a telephonic interview that occurred on October 8, 2010, in which the Applicants' representative discussed the differences between the claimed invention and the references cited (e.g., U.S. Publication No. 2002/0110823 to Hogan) in support of the 35 U.S.C. § 103(a) rejection of independent claims 25, 55, 85, and 91 for CRNI.83071 (Application No. 09/981,248), as well as independent claims 1, 18, and 35 for CRNI.114070 (Application No. 10/826,595). Specifically, Applicants' representative brought to the attention of the Examiner that inventive embodiments of the present invention are now recited by the claims and are not found in the combination of references as cited. The claims have been rearranged between the two applications in order to consolidate these claimed embodiments as shown below.

Two Patentable Embodiments Now Recited by the Claims of CRNI.83071 (Application No. 09/981,248)

1. When a genetic test result value is unavailable, using "demographic information" about the patient then genetic-mutation likelihood of the "general population" to calculate the likelihood that a patient expresses a genetic mutation.
    a. CRNI.83071 – Claim 85
    b. CRNI.114070 – Claim 35 (Canceled from CRNI.114070 and added to CRNI.83071 as independent claim 94)
        i. The claimed process employs a particular hierarchy of factors to seek and use in order to calculate the likelihood of the presence of a genetic mutation. Specifically, when the genetic test result value cannot be obtained, the process first attempts to use demographic information and then, if unavailable, uses genetic variability within the general population.

2. When a person is exposed to a particular dosage of an agent on a list of risk-associated agents, generating a low-risk or high-risk clinical response based on the particular dosage applied.
    a. CRNI.83071 – Claim 91
        i. The decision of whether conduct a low-risk or high-risk clinical response is based on two criteria (i.e., whether the person has been exposed to an agent on the list of risk-associated agents, and whether a dosage of the agent exceeds a predetermined dangerous level). Further, once the decision to conduct the low-risk or high-risk clinical response is made, there are specific actions that are grouped with each response.

Two Patentable Embodiments Now Recited by the Claims of CRNI.114070 (Application No. 10/826,595)

1. Determining whether to seek a clinician's authorization to order a test of a patient when a genetic test result value is unavailable for the patient.
    a. CRNI.114070 – Claim 1
    b. CRNI.83071 – Claim 25 (Canceled from the CRNI.83071 and added to CRNI.114071 as dependent claim 52)
    c. CRNI.83071 – Claim 55 (Canceled from the CRNI.83071 and added to CRNI.114071 as independent claim 58)
        i. The administration of a test on a patient to ascertain a genetic test result value is initially conditioned on the criteria of (a) the likelihood of genetic variation(s) of the associated gene occurring, and (b) the severity of interaction of the occurring genetic variation(s) with the clinical agent.
        ii. Based on the above determination (using criteria (a) and (b)), the process either automatically orders the test without the clinician's input (presumptively when the likelihood and severity are high), or seeks authorization of the clinician to order the test (presumptively when the likelihood and severity are low).

2. When a determination indicates a risk of damage from not administering a clinical agent is greater than the risk of damage by lowering the dosage, displaying a notification window that communicates a lower value of dosage. Otherwise, displaying a notification that communicates a warning that the clinical agent should not be administered.
    a. CRNI.114070 – Claim 18
        i. The contents of the notification window correspond to the result of the determination of "*whether the risk of damage from not administering the clinical agent is greater than the risk of damage by lowering the dosage of the clinical agent*" (emphasis added).
        ii. Specifically, "when the risk of damage is less than not administering the clinical agent," the notification window presents "a value of a lower dosage of the clinical agent to be prescribed."
        iii. On the other hand, "when the risk of damage of not administering the clinical agent is less than lowering the dosage of the clinical agent," the notification window presents "a warning to the clinician that the clinical agent should not be administered to the person."